

**Form CDL-VRU**

Issued 2/00  
State Form # 49793



**Indiana Department of Revenue**  
Application for Authorization  
CDL VRU System

Name of Company	US DOT Number
Address	
City, State, and Zip	
Daytime Telephone Number	Contact Person

The undersigned company owner or responsible officer submits this application for use of the Voice Response Unit (VRU) system. The purpose of using the VRU is to check the status of a driver's Department of Transportation physical examination form.

I also understand that I am making this application with the agreement that an authorization number will be assigned for the sole use of this company to use to check on this company's driver's DOT physicals.

Under penalties of perjury, I declare that I have examined this document and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
Signature of Owner or Responsible Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

**Return this application to:**  
Indiana Department of Revenue  
CDL Section - Attn: Carol Grubbs  
5252 Decatur Blvd. Suite R  
Indianapolis, IN 46241-9524